## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10619509

| CLAIMS AS FILED - PART I<br>(Column 1)                                                                                                                                                                                                                                                                            |                                                |                                            |              |                               |              | (Column 2)       |                     | SMALL ENTITY TYPE       |     | OTHER THAN OR SMALL ENTITY |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|--------------|-------------------------------|--------------|------------------|---------------------|-------------------------|-----|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                      |                                                |                                            | 9            |                               |              |                  | RATE                | FEE                     | ]   | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                               |                                                |                                            | NUMBER FILED |                               | NUMBER EXTRA |                  | BASIC FE            | E 385.00                | OR  | BASIC FEE                  | 7 (0.00                |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                           |                                                |                                            | 9 minus 20=  |                               | · Ø          |                  | X\$ 9=              |                         | OR  | X\$18=                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                |                                                |                                            | \$ minus 3 = |                               | · D          |                  | X43=                | -                       | OR  | X86=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                  |                                                |                                            |              |                               |              |                  | +145=               |                         | OR  | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                          |                                                |                                            |              |                               |              | olumn 2          | TOTAL               | <del> </del>            | OR  | TOTAL                      | 750·00                 |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                       |                                                |                                            |              |                               |              |                  |                     |                         |     | OTHER                      | THAN                   |
| (Column 1) (Column 2                                                                                                                                                                                                                                                                                              |                                                |                                            |              |                               |              | (Column 3)       | SMALL               | ENTITY                  | OR  | SMALL                      | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                                                       |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE  |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                   | Total                                          | · 7_                                       | Minus        | # C                           | 0            | = -              | X\$ 9=              |                         | OR  | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                   | Independent                                    | . 3                                        | Minus        | ***                           | 3            |                  | X43=                |                         | OR  | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                    |                                                |                                            |              |                               |              |                  | +145=               |                         | OR  | +290=                      |                        |
|                                                                                                                                                                                                                                                                                                                   |                                                |                                            |              |                               |              |                  | TOTAL<br>ADDIT, FEE |                         | OR  | TOTAL                      |                        |
|                                                                                                                                                                                                                                                                                                                   | (Oaluma 2) (Caluma 2)                          |                                            |              |                               |              |                  |                     | <del></del>             | 10  | ADDIT. FEE                 |                        |
|                                                                                                                                                                                                                                                                                                                   |                                                | (Column 1) CLAIMS                          |              | (Colur                        | nn 2)<br>EST | (Column 3)       |                     | LADDU                   | ı   |                            | ADDI-                  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                       |                                                | REMAINING<br>AFTER<br>AMENDMENT            |              | NUM<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE  |     | RATE                       | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                                                   | Total                                          | *1                                         | Minus        | **                            |              | =                | X\$ 9=              |                         | OR  | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                   | Independent                                    | *!                                         | Minus        | ***                           | . 01 4 114   | =                | X43=                | :31                     | OR  | X86=                       |                        |
|                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |              |                               |              |                  | +145=               | WWP.                    | OR  | +290=                      |                        |
|                                                                                                                                                                                                                                                                                                                   |                                                |                                            |              |                               |              |                  | TOTAL<br>ADDIT, FEE | . 3                     | OR  | TOTAL<br>ADDIT, FEE        |                        |
|                                                                                                                                                                                                                                                                                                                   | (Column 1) (Column 2) (Column 3)               |                                            |              |                               |              |                  |                     | W.                      |     |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                       |                                                | CLAIMS<br>REMAINING<br>AFTER<br>SAMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE: |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                   | Total                                          | , C                                        | Minus        | **                            |              | =                | X\$ 9=              |                         | OR  | X\$18=                     |                        |
| ME                                                                                                                                                                                                                                                                                                                | Independent                                    |                                            | Minus        | ###                           |              | =                | X43=                |                         | OR  | X86=                       |                        |
|                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |              |                               |              |                  |                     | <del> </del>            | Un. |                            |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |                                                |                                            |              |                               |              |                  | +145=<br>TOTAL      | · .                     | OR  | +290=                      |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."                                                                                                                                                                                                                           |                                                |                                            |              |                               |              |                  |                     |                         | OR  | TOTAL<br>ADDIT. FEE        |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                            |              |                               |              |                  |                     |                         |     |                            |                        |
| FORM DTO DTS (The Lond)  Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE                                                                                                                                                                                                                                 |                                                |                                            |              |                               |              |                  |                     |                         |     |                            |                        |